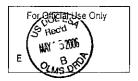
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 117790	2. Fiscal Year Covered From:				
	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name Howard Kelly	Name IUOE Local 30				
	Labor Organization File Number 019-779				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 115-06 Myrtle Avenue	Street 115-06 Myxtle Avenue				
City Richmond Hill	City Richmond Hill				
State New York ZIP Code + 4 11418	State New York ZIP Code + 4 11418				
5. Position in labor organization.  Vice President					
	oouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizations.	or derived income or other economic benefit of tion represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City	\$0				
State 7/IS Code to 4					

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

	anying documents), has been examined by the signatory and is, to the best of t	he
undersigned's knowledge and belief, true, correct, and complete. (See the s	section on penalties in the instructions.)	
Signed Houad Ruly	on 5/10/06 718-847-8484	
	Date Telephone Number	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name See Schedule 1 a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. See Schedule 1 Name See Schedule 1 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. See Schedule 1 ZIP Code + 4 State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State

\$0

## SCHEDULE 1 of 1

Howard Kelly 12/31/2005

Local 30 Apprenticeship Trust Local 30 Benefit Funds 115-22 Myrlle Avenue Richmond Hill, NY 11418  Local 30 Benefit Funds Trust Trust Local 30 Benefit Funds Trust Local 30 Benefit Funds Trust Trust Local 30 Benefit Funds Trust Local 30 Benefit Funds Trust Trust Local 30 Benefit Funds Trust Trust Local 30 Benefit Funds Trust Local 30 Benefit Funds Trust Trust Trust Local 30 Benefit Funds Trust	8. Name/Address of Business	9. Business Deals	10. Trust/Employer Name	11a. Nature of Dealing	11b.Dollar Value	12a.Nature of Income	12b. Amount
115-22 Myrtle Avenue Richmond Hill, NY 11418  Local 30 Benefit Funds Trust Local 30 Benefit Funds Trust Local 30 Benefit Funds Fund Director  Expenses \$1,567.00	Local 30 Apprenticeship						
115-22 Myrtle Avenue Richmond Hill, NY 11418  Local 30 Benefit Funds Trust Local 30 Benefit Funds Trust Local 30 Benefit Funds Trust Local 30 Benefit Funds Fund Director  Expenses \$1,567.00	Training Fund	Trust	Local 30 Benefit Funds	Fund Director	0	Expenses	\$14,537.00
Richmond Hill, NY 11418  Local 30 Benefit Funds  Trust  Local 30 Benefit Funds  Trust  Local 30 Benefit Funds  Trust  Local 30 Benefit Funds  Fund Director  0 Expenses  \$1,567.00	115-22 Myrtle Avenue						
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Local 30 Benefit Funds Trust Local 30 Benefit Funds Fund Director 0 Expenses \$1,567.00			*				
115-06 Myrtle Avenue	Local 30 Benefit Funds	Trust	Local 30 Benefit Funds	Fund Director	0		\$1,567.00
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